

SESSION SUMMARY

A. SESSION DATA:

Task/Target No. 91-12 Source No. _____
Date Task Received _____ Date Summary Returned _____
_____ Session Date _____
Target Designator _____ Session Start Time _____
XXXXXXXXXXXXXXXXXXXX Session Stop Time _____
Beacon/Sender No. _____ Session No. _____
Session Type _____ Session Method _____
(M)onitored, (S)olo (CRV, ERV, WRV, etc.)
Monitor No. (if any) _____ Estimate of Outcome _____
(High, Medium, Low)
Possible Session Aids/ Distractions: _____

B. SESSION SUMMARY: (Below, or see summary and worksheets attached)